

Suicide Prevention – Intervention

Discussion Document

Suicide is a serious public health problem in the United States. The 2003 Report of the President's New Freedom Commission stated that in the U.S. suicide claims approximately 30,000 lives each year. According to Suicide Prevention Advocacy Network USA, of the 30,000 U.S. suicides, approximately 3,000 are from California.

Overall, suicide was the 11th leading cause of death among Americans in 2000. In 1999, more than 152,000 hospital admissions and more than 700,000 visits to hospital emergency rooms were for self-harming behavior. It is the third leading cause of death for those between the ages of 10 and 24 and the second leading cause of death for American college students. The elderly account for about 18 percent of the nation's suicides, although they comprise 12 percent of the population. Research has shown that more than 90 percent of people who die by suicide have depression or another diagnosable mental or substance abuse disorder.

Recent National and California Activity

The *Surgeon General's Call to Action to Prevent Suicide* (1999) outlined steps that individuals, communities, organizations, and policy-makers could take to prevent suicide. This Surgeon General's report led to the development of the *National Strategy for Suicide Prevention* (NSSP) in 1999. The NSSP lays the foundation for a strategy to confront suicide at a national level. The President's New Freedom Commission called NSSP "...a promising blueprint for change."

In May 2004, the Suicide Prevention Advocacy Network-California (SPAN-California) hosted a two-day conference. Individuals representing state government, education, law enforcement, mental health professionals, crisis lines and other advocacy groups and topic experts, created the state's suicide prevention plan. The draft of the strategy document can be found at their website located at <http://www.span-california.org/pdf/CALIFORNIA-DRAFT-STRATEGY.doc>. The draft strategy outlines 11 overall goals and 57 specific objectives. The SPAN-California is in the process of finalizing this proposed strategy document.

The Suicide Prevention Resource Center, created by the federal government, sponsored a small group of California stakeholders to attend a conference designed to assist states in developing or refining their own suicide prevention strategies. The California team decided to focus on the opportunities and requirements contained within the Mental Health Services Act (MHSA) to develop a shorter list of suicide prevention/intervention actions that could potentially be implemented.

This is a partial list of topic areas extracted from the California team's ideas and is provided to generate discussion for the MHSA Short-term Strategy Workgroup.

1. Counties could have local suicide prevention plans, and specialized activities related to research, data collection, annual reports, activity coordination, etc.

2. Development of school-based suicide prevention plans

3. Develop a “death review” county team
4. Provide competency training in suicide prevention for identified and potential “care givers” to at-risk groups
 - a. The availability of state-of-the-art training and public information materials represent “accessible products” that can be made available to the counties through state level actions. Other of the proposed elements would require a more cooperative approach with counties to develop these identified elements within the existing resource base.
5. Provide 24 hour crisis intervention services with trained staffProvide age appropriate follow-up and linkages for suicidal individuals identified through, for example, county clinics and or facilities to ensure continuous service provision.
7. Address suicide prevention in the context of substance abuse treatment and prevention.
8. Support the provision that primary care providers perform mental health screenings that focus on suicidal behaviors or intent
9. Develop state level capacity for the provision of information and technical assistance in the area of suicide prevention, intervention and evidence based services and supports.

Opportunities for Short Term MHSA Action

In the context of so much current interest and action on the topic of suicide prevention, this seems like an ideal area for use of MHSA funding. Clients and family members have already mentioned in MHSA workgroup meetings the importance of a variety of pre-crisis services that might be considered for funding although the specific nature of an effective intervention that could be carried out on a short-term basis still needs to be identified.